Indiana State Department of Health (ISDH) Universal Precautions <u>WRITTEN</u> Complaint Form (v.2018.08)

Subject: Complaint about UNIVERSAL PRECAUTIONS in a <u>DENTAL OFFICE</u>

Complete and return to: Oral Health Program, 2-F

Indiana State Dept. of Health 2 North Meridian Street Indianapolis, Indiana 46204

NAME of supervising DENTIST	ADDRESS of the DENTAL OFFICE	
LAST:		
FIRST:		
MI:		
BRIEF SUMMARY of complaint WHEN did this occur (mo., day, yr.)? WHO was involved (NAMES of dentist, hy		
	air, x-ray room, etc.)?	<u> </u>
WHAT did you observe and/or what happen	ened?	
If you need more room, please attach a separate sheet ((initial and date it).	
Print Your Name (First, MI., Last)	Date Signed (mo., day, yr.): Telephone Number:	
D'AV ALL	Sign Your Name (First, MI., Last)	
Print Your Address:	Sign Tour Name (First, Mr., Last)	
or ISDH purposes only	'	
Received by:	Date: No.:	